

EXECUTIVE'S NAME Colleen Barros	POSITION TITLE Deputy Director for Management, NIH	
ORGANIZATION: HHS/NIH/Office of the Director	APPRAISAL PERIOD: 10/1/2004-9/30/2005	
PART I. PERFORMANCE PLAN DEVELOPMENT, MON		
A. Performance Plan Development		
Executive's Signature		
Rating Official's Signature		
B. Progress Review – Attach comments in accordance with inst (Complete not later than midway through the performance cycle of		
Executive's Signature	Date	
Rating Official's Signature	Date	
C. Initial Summary Rating – Attach narrative in accordance	with instructions.	
☐ Exceptional ☐ Fully Successful ☐ Minimally S	atisfactory  Unsatisfactory	
Executive's Signature	Date	
Rating Official's Signature	Date	
D. Performance Review Board (PRB) Recommendation	for Rating and Recognition – Attach comments, if applicable.	
☐ Exceptional ☐ Fully Successful ☐ Minimally S.	atisfactory  Unsatisfactory	
Pay Increase: Performance Bonus (enter as a percentage of base salary)		
Performance Review Board Signature	Date	
E. Annual Summary Rating - Attach comments in accordance	e with instructions.	
☐ Exceptional ☐ Fully Successful ☐ Minimally Satisfactory ☐ Unsatisfactory		
Pay Increase: Performance Bonus (	enter as a percentage of base salary)	
OPDIV Head's Signature		
F. Final Performance Rating and Recognition – Attach comments if applicable.		
☐ Exceptional ☐ Fully Successful ☐ Minimally Satisfactory ☐ Unsatisfactory		
Pay Increase: Performance Bonus	(enter as a percentage of base salary)	
Department		



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Colleen Barros PART II. RATING LEVEL DEFINITIONS	Deputy Director for Management, NIH	
PART II. RATING LEVEL DEFINITIONS		
Exceptional (E): The executive performed as a model of excellence. Indicators of performance at this level include measurable improvements in program performance that exceed defined goals, as described in the annual performance plan and as measured by appropriate assessment tools; increased staff productivity; improved customer and employee satisfaction; and demonstrated flexibility and adaptability in dealing with and responding productively to changing priorities, unanticipated resource shortages and externally driven deadlines. The executive consistently demonstrated the highest level of integrity and accountability in achieving HHS program and management goals. The executive's contributions had impact beyond his or her immediate purview. The executive exerted a major positive influence on management practices, operating procedures or program implementation, which contributed substantially to organizational change, growth and recognition.		
<u>Fully Successful (FS)</u> : All program objectives were met, as described in the annual performance plan and as measured by appropriate assessment tools; employee satisfaction indicates a positive organizational climate; customers are satisfied with program results; and the executive successfully resolved operational challenges without the requirement for higher level intervention. The executive consistently demonstrated the highest level of integrity and accountability in achieving HHS program and management goals. The executive took follow-up actions based on performance information available to him/her and pinpointed improvement opportunities to achieve organizational results and improve employee and customer perspectives.		
Minimally Satisfactory (MS): The executive had difficulties in meeting expectations. Actions taken by the executive were sometimes inappropriate or marginally effective and did not significantly contribute to any positive results achieved. While working relationships may be generally sound, the executive's impact on program performance, employee productivity, morale, organizational effectiveness and/or customer satisfaction needs improvement, as described in the annual performance plan and as measured by appropriate assessment tools. Immediate improvement is essential.		
<u>Unsatisfactory (U):</u> The executive failed to meet expectations. Repeated observations of performance indicated negative consequences in key outcomes (e.g., quality, timeliness, business results, customer satisfaction, morale, etc.), as described in the annual performance plan and as measured by appropriate assessment tools. Performance is grounds for reassigning or removing the executive from the SES.		
PART III. CRITICAL ELEMENTS		
1. Executive Leadership		
<b>Performance Requirement:</b> Leads in a proactive, customer-responsive manner consistent with Agency vision and values, effectively communicating program issues to external audiences. Ensures financial and managerial accountability by acting with prudence when executing fiduciary responsibilities. Demonstrates integrity and adheres to the highest ethical standards of public service. Uses effective business practices including balanced measures of results; values and invests in each employee; promotes workforce diversity; provides fair and equitable recognition and equal opportunity; emphasizes empowerment, two-way communication and teamwork.		
	Critical Element Rating: E FS MS U	
2. Performance Agreement (Program and Management		
<b>Performance Requirement:</b> Accountable for key program and management outcomes that contribute to the success of the Agency, effectively achieving results-oriented goals in sync with Strategic Planning Initiatives, such as the HHS Strategic Plan, and major management and program goals and objectives supported by the Secretary. Performance is of high quality and integrity, efficient, effective, producing significant benefits and results. Results provide customers, internal and external, services equal or superior to that in comparable sectors. Is committed to enhancing support for and understanding of Agency programs. Fosters effective improvements. Outputs reflect balanced consideration of the public's and other stakeholders' concerns.		
	Critical Element Rating: E FS MS U	



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Colleen Barros	Deputy Director for Management, NIH
<b>A. Program Outcomes</b> (Enter the Program Outcomes require 1-10 below. See attached instructions)	ed for your individual performance plan. Add as many bullets as necessary in
	Aspect Rating: E FS MS U
1. N/A	
•	
•	
2. N/A	Aspect Rating: E FS MS U
•	
•	
3. N/A	Aspect Rating: E FS MS U
5. IVA	
•	
	Agnorat Detings EC FC MC II
4. N/A	Aspect Rating: E FS MS U
• IVA	
•	
•	A A D. C EC EC MC II
5. N/A	Aspect Rating: E FS MS U
5. IV/A	
•	
	Aspect Rating: E FS MS U
6. N/A	Aspect Rating: E FS MS U
•	
•	
	Aspect Rating: E FS MS U
7. N/A	
•	
•	
	Aspect Rating: E FS MS U
8. N/A	
•	
•	
9. N/A	Aspect Rating: E FS MS U
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•	
	Aspect Rating: E FS MS U
10. N/A	
•	
•	



into UFMS.

reduce identified findings by approximately 40% (\$210M).

### Senior Executive Service Performance Plan

U.S. Department of Health and Human Services

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<b>B. Management Outcomes</b> (Enter the Management Outcomes required for your individual performance plan. Add as many bullets as necessary in 1-10 below. See attached instructions)		
	Aspect Rating: E FS MS U	
1. Implement Results-Oriented Management		
Create meaningful, results-oriented performan	_ ,	
<ul> <li>Establish long-term outcome goals and annual annual performance budget.</li> </ul>	target and report progress in achieving goals and targets in the	
2. Implement Strategic Human Capital Management	Aspect Rating: E FS MS U	
By February 4, 2005, develop and submit to ASAM a 2-year NIH human capital strategy to assist managers with succession planning activities. Meet identified goals, milestones, and action items.		
<ul> <li>Reduce average hiring time for SES and all other positions by 50%. The averages are based on time from closing date of vacancy announcement until hiring offer is made.</li> </ul>		
•	performance appraisal system for managers and implement new	
3. N/A	Aspect Rating: E FS MS U	
	Aspect Rating: E FS MS U	
4. Complete the FY 2005 Competitive Sourcing Progra		
<ul> <li>Meet the OMB mandated "Green" Standards f</li> </ul>		
•	eason Code A justifications to ASAM/OCS by April 29, 2005.	
Complete the FY 2005 Competitive Sourcing P		
5. N/A	Aspect Rating: E FS MS U	
6. Consolidate Management Functions and Achieve Ad	Aspect Rating: E FS MS U	
<ul> <li>Increase by a minimum of three, the number of service (e.g., purchasing supplies, equipment, etc., budget execution) and function (small business) consolidations and/or shared services initiatives. The initiatives may be within NIH or through Department wide participation. In each case, a supportable business case identifying time, cost, and/or service efficiencies will be prospectively documented along with identification of specific post implementation measures of success.</li> <li>Establish the NIH ARAC acquisition organizational structure before September 30, 2005. Identify the realigned acquisition offices, staffing and customers accordingly.</li> <li>Develop specific measures and reports that provide quantitative and evaluative information for Service Level Agreements.</li> <li>Build on the infrastructure provided by enterprise information systems such as UFMS.</li> <li>Comply with the implementation of HSPD-12 requirements as required and as directed by the DHHS in coordination with CIT. This includes physical and personnel security elements of HSPD-12 for "smart card" requirements for access to NIH facilities.</li> </ul>		
7. Improve Financial Management	Aspect Rating: E FS MS U	
<ul> <li>Continue Implementation of the NIH Business System (NBS), HHS' proof of concept for the UFMS development.</li> <li>Complete development of Tracks 3 and 4, Property and Acquisition (Supply Chain) and work with the UFMS Program Office (PO) to help insure an understanding of the business process functional requirements.</li> <li>Assist the UFMS PO via the contracted study that will determine the timing and extent of integration of NBS</li> </ul>		

Contribute to the reduction of HHS improper payments (IPs) by 50 % by reducing IPs at the NIH.

Take final action on audit management decisions and develop corrective actions that, once completed, will help HHS

Continue to support NIH and HHS administrative restructuring and consolidation of business (administrative



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<b>B.</b> Management Outcomes (Enter the Management Outcomnecessary in 1-10 below. See attached instructions)	nes required for your individual performance plan. Add as many bullets as	
management) systems.		
-	e software identified for use by the UFMS PO and assist in HHS'	
understanding.		
<ul> <li>Support HHS' implementation of eTravel.</li> <li>Assure active NIH participation on UFMS:</li> </ul>	governance committees and working groups.	
o rissure active rain participation on en rivis	Aspect Rating: E FS MS U	
8. Improve Real Property Asset Management	Aspect Rating. E F5 M5 V	
For FY 05 Buildings and Facilities Program, deliver	r all line-item projects within 100% of submitted	
	e-item projects within submitted OMB/Congressional scope.	
Remaining projects will be within plus or minus 10 <sup>o</sup>	% of OMB/Congressional scope. OMB/Congressional budget and	
scope shall be as reflected in Departmental approve	•	
	September 30, 2005 by OS for 80% of FY 06 projects budgeted for	
planning/design with construction budgeted in subsequent year(s) and 90% of FY 06 projected budgeted construction.		
• Provide timely reports on facility utilization, facility condition assessment, mission criticality/dependency, historic real property assets, and real property inventory in accordance with stated HHS real property management objectives.		
	at they will be fully and productively operational and maintained	
within designated parameters.	at they will be fully and productively operational and maintained	
~ -	System and meeting requirements of Exec Order 13327.	
i	Aspect Rating: E FS MS U	
9. Achieve Efficiencies Through HHS-wide Procureme	_	
• NIH will increase its usage of the full portfolio of consolidated contracts; once a consolidated purchasing mechanism is		
developed, NIH will use it exclusively to purchase 100% of commodity desktop PC's.		
Meet or exceed the HHS Small Business Contracting	g Goal, which is 30% of NIH total procurement dollars.	
	Aspect Rating: E FS MS U	
10. Conduct Program Evaluations and Identify Strategies for Resolving Any Deficiencies		
Review results of FY 04 ABS. Identify performance gaps. Use results to assist in the NIH's ARAC acquisition		
restructuring and to serve as a reference check for performance.  • Conduct Acquisition Balanced Scorecard (ABS) on restructured NIH acquisition offices three years after		
implementation.	restructured with acquisition offices times years after	
<ul> <li>Report on progress at least every year.</li> </ul>		
T I S III I I I I I I I I I I I I I I I	Aspect Rating: E FS MS U	
11. Ethics Sub-Element for SES with Supervisory Res	• •	
Ensure employee awareness, training, compliance and discipline relative to ethics, financial disclosure, conflicts of		
interest, standards of conduct, political activity, and procurement integrity requirements. Reviews and makes		
determinations timely and accurately as to financial disclosure reports, employee requests for approval of outside		
activities, and other ethics clearance matters.		



U.S. Department of Health and Human Services **Self-Assessment Template** 

EXECUTIVE'S NAME	POSITION TITLE
A. Executive Leadership	
B. Performance Agreement	
1. Program Outcomes	
2. Management Outcomes	